

	a Employee's social security no. [REDACTED]	<b>Copy C--For EMPLOYEE'S RECORDS (See Notice to Employee.)</b> OMB No. 1545-0008				
b Employer identification number (EIN) [REDACTED]	1 Wages, tips, other comp. 18000.00		2 Federal income tax withheld 135.00			
c Employer's name, address, and ZIP code SAKOON INC 275 W OLD COUNTRY RD HICKSVILLE, NY 11801	3 Social security wages 18000.00		4 Social security tax withheld 1116.00			
	5 Medicare wages and tips 18000.00		6 Medicare tax withheld 261.00			
	7 Social security tips		8 Allocated tips			
d Control number	9		10 Dependent care benefits			
e Employee's name, address, and ZIP code JOGINDER SINGH  80-55, LANGDALE NEW HYDE PARK, NY 11040	11 Nonqualified plans		12a See instructions for box 12 code			
	13 Statutory employee Retirement plan <input type="checkbox"/> <input type="checkbox"/>		12b code			
	14 Other NYSDI		12c code			
			12d code			
15 State Employer's state ID number NY [REDACTED]	16 State wages, tips, etc. 18000.00	17 State income tax 324.00	18 Local wages, tips, etc. 18000.00	19 Local income tax 226.32	20 Locality name NYC	

**Wage and Tax  
Form W-2 Statement**

**2016**

38-2099803 Department of the Treasury -- Internal Revenue Service

This information is being furnished to the Internal Revenue Service. If you are required to file a tax return, a negligence penalty or other sanction may be imposed on you if this income is taxable and you fail to report it.

NTF 0487 \*

WONEPERF

<b>a Employee's social security no.</b> [REDACTED]		<b>Copy B--To Be Filed With Employee's FEDERAL Tax Return.</b> OMB No. 1545-0008										
<b>b Employer identification number (EIN)</b> [REDACTED]		<b>1</b> Wages, tips, other comp. <b>24000.00</b>	<b>2</b> Federal income tax withheld <b>725.04</b>									
<b>c Employer's name, address, and ZIP code</b> <b>SAKOON INC</b> <b>275 W OLD COUNTRY RD</b> <b>HICKSVILLE, NY 11801</b>		<b>3</b> Social security wages <b>24000.00</b>	<b>4</b> Social security tax withheld <b>1488.00</b>									
		<b>5</b> Medicare wages and tips <b>24000.00</b>	<b>6</b> Medicare tax withheld <b>348.00</b>									
		<b>7</b> Social security tips	<b>8</b> Allocated tips									
<b>d Control number</b>		<b>9</b> Verification code	<b>10</b> Dependent care benefits									
<b>e Employee's name, address, and ZIP code</b> <b>JOGINDER SINGH</b>  <b>80-55, LANGDALE</b> <b>NEW HYDE PARK, NY 11040</b>		<b>11</b> Nonqualified plans	<b>c12a</b> See instructions for box 12 o d e									
		<b>13</b> <table><tr><td>Statutory employee</td><td>Retirement plan</td><td>Third-party sick pay</td></tr><tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr></table>	Statutory employee	Retirement plan	Third-party sick pay	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b>c12b</b> o d e			
Statutory employee	Retirement plan	Third-party sick pay										
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>										
		<b>14</b> Other <b>NYSDI</b> <b>31.20</b> <b>NYPFL</b> <b>7.56</b>	<b>c12c</b> o d e									
			<b>c12d</b> o d e									
<b>15</b> State <b>NY</b>	Employer's state ID number [REDACTED]	<b>16</b> State wages, tips, etc. <b>24000.00</b>	<b>17</b> State income tax <b>608.40</b>	<b>18</b> Local wages, tips, etc. <b>24000.00</b>	<b>19</b> Local income tax <b>465.78</b>	<b>20</b> Locality name <b>NYC</b>						

**Wage and Tax  
Form W-2 Statement**

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**2017**